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14023 U.S. PTO
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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.:	CM05543H
First Inventor:	FORSTER, WILLIAM L.
Title:	ROTARY SWITCH WITH RATCHETING FEATURE
Express Mail Label No.:	EL 962737339 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate (Submit an original and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/> Applicant claims small entity status See 37 CFR 1.27	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence (if applicable, all necessary)
3. <input checked="" type="checkbox"/> Specification [Total Pages 26] (preferred arrangement set forth below) -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Summary of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure	a. <input type="checkbox"/> Computer Readable Form (CFR) b. <input type="checkbox"/> Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); ii. <input type="checkbox"/> or paper c. <input type="checkbox"/> Statements verifying identify of above copies
ACCOMPANYING APPLICATION PARTS	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4]	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))
5. Oath or Declaration [Total Pages 3]	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of (when there is an assignee) Attorney
a. <input checked="" type="checkbox"/> Newly executed (original or copy)	11. <input type="checkbox"/> English Translation Document (if applicable)
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/ divisional with Box 18 completed)	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	13. <input type="checkbox"/> Preliminary Amendment
6. <input checked="" type="checkbox"/> Application Data Sheet under 37 CFR 1.76	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in- Part (CIP) of Prior Appl. No. _____ Prior Appl. information: Examiner: _____ Group/Art Unit: _____	15. <input type="checkbox"/> Certified Copy of Priority Document (if foreign priority is claimed)
19. CORRESPONDENCE ADDRESS	

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	*24273*		<input type="checkbox"/> or <input type="checkbox"/> Correspondence address below
Name			
Address			
City	State	Zip Code	
Country	U.S.A.	Telephone	(954) 723-6449
Name	Barbara R. Doutre		Registration Number (Attorney/Agent) 39,505
SIGNATURE	<i>Barbara R. Doutre</i>		Date 2/19/04

FEE TRANSMITTAL for FY 2003 Patent fees are subject to annual revision <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
		Application No.	
		Filing Date	
		First Named Inventor	FORSTER, WILLIAM L.
		Examiner Name	
		Group Art Unit	
TOTAL AMOUNT OF PAYMENT	(\$ 1502)	Attorney Docket No.	CM05543H

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)																																																																																																																																																	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account Deposit Account Number 50-2117 Deposit Account Name Motorola, Inc.				3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> <tr> <th>Fee</th> <th>Fee</th> <th>Fee</th> <th>Fee</th> </tr> <tr> <th>Code</th> <th>(\$)</th> <th>Code</th> <th>(\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td></tr> <tr><td>1252</td><td>410</td><td>2252</td><td>200</td></tr> <tr><td>1253</td><td>930</td><td>2253</td><td>460</td></tr> <tr><td>1254</td><td>1450</td><td>2254</td><td>720</td></tr> <tr><td>1255</td><td>1970</td><td>2255</td><td>980</td></tr> <tr><td>1401</td><td>320</td><td>2401</td><td>160</td></tr> <tr><td>1402</td><td>320</td><td>2402</td><td>160</td></tr> <tr><td>1504</td><td></td><td>1504</td><td></td></tr> <tr><td>1403</td><td>280</td><td>2403</td><td>140</td></tr> <tr><td>1505</td><td>300</td><td>1505</td><td>300</td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td></tr> <tr><td>1453</td><td>1300</td><td>2453</td><td>640</td></tr> <tr><td>1501</td><td>1300</td><td>2501</td><td>640</td></tr> <tr><td>1502</td><td>470</td><td>2502</td><td>230</td></tr> <tr><td>1503</td><td>630</td><td>2503</td><td>310</td></tr> <tr><td>1460</td><td>130</td><td>1460</td><td>50</td></tr> <tr><td>1808</td><td>130</td><td>1808</td><td>130</td></tr> <tr><td>1807</td><td>50</td><td>1807</td><td>50</td></tr> <tr><td>1806</td><td>180</td><td>1806</td><td>180</td></tr> <tr><td>8021</td><td>40</td><td>8021</td><td>40</td></tr> <tr><td>1809</td><td>750</td><td>2809</td><td>370</td></tr> <tr><td>1810</td><td>750</td><td>2810</td><td>370</td></tr> <tr><td>1801</td><td>750</td><td>2801</td><td>370</td></tr> <tr><td>1802</td><td>900</td><td>1802</td><td>900</td></tr> <tr><td>1814</td><td>110</td><td>2814</td><td>55</td></tr> <tr><td colspan="4">Other fee (specify)</td></tr> </tbody> </table>				Large Entity	Small Entity	Fee	Fee	Fee	Fee	Code	(\$)	Code	(\$)	1051	130	2051	65	1052	50	2052	25	1053	130	1053	130	1812	2520	1812	2520	1804	920*	1804	920*	1805	1840*	1805	1840*	1251	110	2251	55	1252	410	2252	200	1253	930	2253	460	1254	1450	2254	720	1255	1970	2255	980	1401	320	2401	160	1402	320	2402	160	1504		1504		1403	280	2403	140	1505	300	1505	300	1451	1510	1451	1510	1452	110	2452	55	1453	1300	2453	640	1501	1300	2501	640	1502	470	2502	230	1503	630	2503	310	1460	130	1460	50	1808	130	1808	130	1807	50	1807	50	1806	180	1806	180	8021	40	8021	40	1809	750	2809	370	1810	750	2810	370	1801	750	2801	370	1802	900	1802	900	1814	110	2814	55	Other fee (specify)			
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**or number previously paid, if greater. For Reissues, see above

SUBMITTED BY		Complete (if applicable)	
Name (Print)	Barbara R. Doutre	Registration No. (Attorney/Agent)	39,505
Signature	<i>Barbara R. Doutre</i>	Telephone:	(954) 723-6449
		Date	2/19/04